



Provider Critical Incident Report

Form Information/Instructions: "Critical Incidents," as defined in Housing Division Policy 108 - Critical Incident Reporting, documented by the Provider must be submitted to the Housing Division upon completion of the document. The report should be emailed to stacey.bielski@milwaukeecountywi.gov and/or faxed to 414-223-1815

Section 1: Agency Information- Agency Name: _____

Name/Role of Provider(s) Involved in Incident: _____

Supervisor Name: _____ Agency Phone: _____

Section 2: Consumer Information- Client Name: _____

DOB _____

Section 3: Incident Information: Incident Date: _____ Incident Time: _____ AM/PM

Location of Incident: _____

Description of Incident (A step-by-step of what occurred, use another piece of paper if necessary):

Describe Immediate Actions Taken (List the actions and/or interventions that were taken immediately by the individuals involved in or witness to the incident, use another piece of paper if necessary.):

Notifications (Specify the notification date, time and who was notified):

Name of staff completing the report:_____

Title of staff completing report:_____

Signature of staff completing report:_____

Date_____

Name of supervisor:_____

Title of supervisor:_____

Signature of supervisor:_____

Date:_____

For office use only

Date Received by Housing Division Staff_____

Complete_____ Incomplete_____

Signature of Housing Division Manager_____